



American Association of Physicists in Medicine
Annual Meeting, July 22 – 26, 2001
 Salt Palace Convention Center
Attendee Housing Form

INSTRUCTIONS

Reservations can be made in one of the following ways:

INTERNET:

www.aapm.org

TELEPHONE:

Toll free (US): 800-217-0002

International: 801-521-9025

FAX:

801-355-0250

MAIL:

SLCVB/AAPM HOUSING BUREAU

90 South West Temple

Salt Lake City, UT 84101

DEADLINE

Reservations must be made by phone, fax, mail or internet by **June 18th** in order to guarantee convention rates.

CONFIRMATIONS

The SLCVB/AAPM Housing Bureau will send you a confirmation of your reservation. Please review all information for accuracy. E-mail confirmations will be sent if an e-mail address is provided (preferred), or they can be faxed or mailed. If you do not receive a confirmation or have questions, please call the SLCVB/AAPM Housing Bureau. **You will not receive a confirmation from the hotel.**

TAX RATE and REQUESTS

All rates are per room and are subject to 11.2% tax (subject to change). Special requests can not be guaranteed, however hotels will do their best to honor all requests. Hotels will assign specific rooms upon check-in, based on availability.

ROOM DEPOSIT REQUIRED TO SECURE RESERVATION:

Reservations will not be accepted without a valid credit card guarantee with signature or a check deposit for one night's room rental plus tax for each room reserved. Room Deposits will be accepted in the form of a check made payable to: SLCVB/AAPM Housing Bureau, 90 South West Temple, Salt Lake City, UT 84101.

CANCELLATION POLICY

Cancellations after June 18th and prior to 72 hours before arrival date will be subject to a \$25.00 cancellation fee. One night's room and tax will be forfeited entirely if cancellation occurs within 72 hours of arrival.

☛ One night's check deposit enclosed and made payable to SLCVB/AAPM Housing. Mail housing forms to: SLCVB/AAPM Housing Bureau, 90 South West Temple, Salt Lake City, UT 84101.

GUEST INFORMATION

Arrival Date _____ **Departure Date** _____

First Name _____ M.I. _____ Last Name _____

E-mail Address: _____

Daytime Phone: _____ Fax: _____

If providing international numbers, please include country and city access numbers

Company _____

Address _____

Address 2 _____

City/State/Province _____

Zip/Postal Code, Country _____

of Standard, One-Bedded Rooms (1-2 people) _____ # of Standard, Two-Bedded Rooms* (2-4 people) _____

*Two-Bedded Rooms are limited in most hotels. Due to this reason, we suggest selecting 2-bedded rooms only when they are required. This improves your chances of obtaining reservations in one of your hotel choices.

Please select three hotel choices from the Participating Hotels List and enter their codes below:

1st _____ 2nd _____ 3rd _____

List all room occupants:

Check here if you have a disability requiring special services Non smoking request

Special requests: _____

DEPOSIT INFORMATION

All reservations requests must be accompanied by a credit card guarantee or check for one night's deposit. Housing Forms received without a valid guarantee/deposit will not be processed. Faxed requests must include a valid credit card. Check deposits must be mailed with a completed housing form.

Visa Discover Diner's Club
 MasterCard American Express

Card Number _____ Exp. Date _____

Name on Credit Card _____

Cardholder's Signature* _____

*I hereby authorize SLCVB/AAPM Housing Bureau or any one of the hotels listed on the back of this form under PARTICIPATING HOTELS, to process a charge to my credit card for each Room Deposit in accordance with the policies and information provided herein no sooner than June 18th.